

Steps for Obtaining Class C Taxi Certificate

- Step 1:** **Completion of Application for Certificate of Public Convenience and Necessity for Operation of a Motor Vehicle Carrier**
- A. Complete all sections of the application (Form C-AC)
 - B. Provide all signatures as required
 - C. Application must be notarized in appropriate areas
 - D. If Applicant is incorporated, please attach Articles of Incorporation
 - E. Mail completed application to:
 Public Service Commission
 Docketing Department
 Post Office Drawer 11649
 Columbia, SC 29211
 - F. Contact the **Office of Regulatory Staff Transportation Department at 803/737-0800** with any questions regarding the Certification Process.
- Step 2:** **Applicant is assigned a Docket Number**
- A. Applicant will receive a letter from the Public Service Commission confirming receipt of the application and assigning a Public Service Commission Docket Number. This Docket Number may be used to track Application status on Public Service Commission website: www.psc.sc.gov
- Step 3:** **Public Service Commission Action**
- A. Public Service Commission may discuss and approve/deny Application during a regularly scheduled Public Service Commission meeting.
 - B. Applicant will receive an Order approving/denying the application from the Public Service Commission.
 - C. If approved, the Applicant has 60 days from date of the Order to comply with the rules and regulations of the Public Service Commission.
- Step 4:** **Compliance with Public Service Commission Rules and Regulations**
- A. **License Decals**
 - 1. Mail payment (cash, money order, certified or cashier's check) for license decals with completed license decal application to:
 Office of Regulatory Staff
 Transportation Department
 PO Box 11263
 Columbia, SC 29211
 - B. **Proof of Insurance**
 - 1. Contact your insurance agent and request the insurance carrier complete and file the **Form E** (Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance). Insurance carrier must then file the Form E with ORS by:
 - a. Faxing Form E to ORS at (803) 737-0801
 - b. Mailing hardcopy of Form E to:
 Office of Regulatory Staff
 Transportation Department
 PO Box 11263
 Columbia, SC 29211
- Step 5:** **Issuance of Certificate**
- A. Applicant will receive a Certificate of Public Convenience and Necessity upon completion of Step 4.
 - B. Operation without the Certificate of Public Convenience and Necessity is prohibited.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXI

DATE _____, 20____

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2. (a) Street Address of Applicant_____

(b) Mailing address, if different from street address_____

(c) Telephone Number_____ SS No._____

3. If incorporated, a copy of Articles of Incorporation must be attached.(If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: _____ **Year:** _____

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,]
]
 COUNTY OF _____]

I, _____,
 (Name of Applicant's Representative) (Title)
 of _____, the Applicant for the Certificate of Public (Applicant)
 Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
 Application are true and correct.

SWORN TO BEFORE ME

At _____]
]
 This the _____ day of _____ 20 _____]
]
 _____]
 (Notary Public) (Signature of Applicant's Representative)

Commission Expires: _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant _____

For the transportation of passengers as follows:

Area to be served: _____

Number of passengers: _____

Fares : _____

=====

Date_____

By _____

Title

Rev.10/03

INSURANCE QUOTE

The following insurance quote is for:

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/10,000
8 – 15 passengers	-	25,000/100,000/10,000

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)